

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: New Application  
Applicant : Michael Palmersten  
Filed : February 24, 2004  
TC/A.U. : Unknown  
Examiner : Unknown

Confirmation No.:

Docket No. : 1052.1104101  
Customer No. : 28075

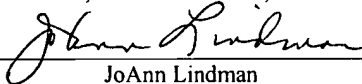
**TRANSMITTAL SHEET**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV333851879US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 24th day of February, 2004.

By \_\_\_\_\_

  
JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

[X] 10 sheet(s) of specification.

[X] 27 claim(s).

[X] 1 sheet(s) of Abstract.

[X] 5 sheet(s) of formal drawings.

[X] Executed Declaration and Power of Attorney.

[X] An Assignment of the invention to KJMM, INC. is being filed contemporaneous with this patent application.

[ ] A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

| CLAIMS AS FILED                        |          |         |              |       |       |       |
|--|----------|---------|--------------|-------|-------|-------|
|  | (1)      | (2)     | SMALL ENTITY |       | OTHER |       |
| FOR:                                   | # FILED  | # EXTRA | Rate         | Fee   | Rate  | Fee   |
| BASIC FEE                              |          |         |              | \$385 |       | \$770 |
| TOTAL CLAIMS                           | 27 -20 = | 7       | x9=          | \$ 63 | x18=  | \$    |
| INDEPENDENT CLAIMS                     | 2 -3 =   | 0       | x43=         | \$    | x86=  | \$    |
| ( ) MULTIPLE DEPENDENT CLAIM PRESENTED |          |         | +145=        | \$    | +290= | \$    |
| TOTAL                                  |          |         | \$448        |       | \$    |       |

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[X] A check in the amount of \$ 448 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 

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